

# **Application For a Private Applicator Pilot's Authorization and Category Certification**

Issued Under the authority of Act 389 of 1975, Pesticide Use and Application Act

For the Year Ending December 31, 20\_\_\_\_

**INSTRUCTIONS:** Complete and submit with appropriate fees to the Arkansas State Plant Board, Pesticide Division , P.O. Box 1069, Little Rock, Arkansas 72203. Upon approval, your license will be issued for the year indicated. Incomplete application will delay processing. **PRINT OR TYPE ONLY.**

## **Person Applying**

Name: Last \_\_\_\_\_ (Please Print) First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Federal Aviation Administration Pilot's Authorization Number \_\_\_\_\_

Indicate category(s) applied for (must be currently certified in each category indicated):

- |  |   |
|--|---|
| <input type="checkbox"/> (1) Agricultural -Plants    | <input type="checkbox"/> (3) Aquatic                    |
| <input type="checkbox"/> (1B) Agricultural - Animals | <input type="checkbox"/> (4) Right- of Way              |
| <input type="checkbox"/> (2) Forest Pest Control     | <input type="checkbox"/> (5) Demonstration and Research |
| <input type="checkbox"/> (2A) Wood Treatment         | <input type="checkbox"/> (6) Public Health              |

Category Certifications .....	\$35.00 Each	\$ _____
Pilot Authorization Fee .....	\$35.00	\$ _____
Custom Pilot's Authorization Fee .....	\$35.00	\$ _____

TOTAL ENCLOSED \$ \_\_\_\_\_

I do hereby attest that I have read and am familiar with the Pesticide Use and Application Act and the Regulations adopted thereunder.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Person Applying Only)

**This application is considered incomplete unless the second page (Required Confidential Information Form) is completed.**

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## FOR OFFICE USE ONLY

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Date of Issuance